

ARIZONA PIONEERS' HOME

300 South McCormick St.

Prescott, AZ 86303

PRE-ADMISSION PERSONAL DATA & SOCIAL HISTORY RECORD

Please answer the following question related to statutory requirements for admission.

I am 70 years of age or older and have lived in Arizona 50 or more years: Yes ☐ No ☐

Name of Applicant: _____

Mailing Address: _____

County of Residency: _____ Phone: (include area code) _____

Birthdate: _____ Age: _____ Birthplace: _____

Year You Came to Arizona: _____ How Many Years Have You Lived in Arizona? _____ years

When Would You Be Ready to Enter the Home? _____

Marital Status: M ☐ W ☐ D ☐ S ☐

Veteran: ☐ Yes ☐ No Dates of Service: _____ to _____ V.A. File # _____

Names of Current/Past Spouse:

1. _____ 2. _____
3. _____ 4. _____

List Your Major Occupation and Longest Term Employer:

Occupation: _____

Employer: _____

Employer Address/Phone: _____

Father's Name: _____ Birthplace: _____

Mother's Name: _____ Birthplace: _____

Who would be the responsible party to assist with your finances if you were not able?

Is this individual a documented signer on your accounts at present? ☐ Yes ☐ No

Who will be responsible for your estate? _____

Address/Phone: _____

Have you granted Power of Attorney? ☐ Yes ☐ No

If yes, to whom? _____

IMMEDIATE FAMILY

(List your family members or other contact persons in the order you would want them notified in an emergency.)

1. Name: _____ Relationship: _____

Address: _____ Phone: _____

2. Name: _____ Relationship: _____

Address: _____ Phone: _____

3. Name: _____ Relationship: _____

Address: _____ Phone: _____

4. Name: _____ Relationship: _____

Address: _____ Phone: _____

Will you accept the Arizona Pioneers' Home staff physicians? ____ Yes ____ No

If no, local physician's name whom you will be using: _____

Address/Phone: _____

Social Security Number: _____ Medicare Number: _____

Supplemental Insurance Carrier and Number: _____

(A supplement to Medicare, covering physician and hospital charges is required.)

Have you signed up for Medicare Part D? ____ Yes ____ No If yes, provider: _____

Do you have a will? ____ Yes ____ No Location: _____

Do you have a Living Will? ____ Yes ____ No

Does it specifically address your wishes regarding the administration of or withholding CPR? ____ Yes ____ No

Have you assigned Medical Power of Attorney? ____ Yes ____ No

If yes, to whom? _____

Address/Phone: _____

Mortuary: (Even if you have a mortuary in another city, it is necessary to choose one in Prescott to handle local arrangements.)

Prescott: _____
Name Address City/State/Zip Phone

Other: _____
Name Address City/State/Zip Phone

Cemetery: _____
Name Address City/State/Zip Phone

Are your mortuary and/or funeral expenses prepaid in full? ____ Yes ____ No

ARIZONA PIONEERS' HOME PRE-ADMISSION QUESTIONNAIRE

(Must be submitted at the time of application and is must be updated if admission does not take place within 3 months.)

Tell us about your ambulation (how you walk):

Do you have any visual problems that affect your daily living?

Do you require any special equipment to perform your daily activities?

Does your hearing affect your daily living?

Does anyone provide assistance to you in daily living? Explain in reference to:

Taking medications _____

Housework _____

Shopping _____

Meals _____

Bathing _____

Dressing _____

Going to the bathroom _____

Do you have incontinence of bowel and/or bladder? Explain.

Are you receiving any regularly scheduled medical treatments? Explain.

To assist in determining compatibility with a roommate, please tell us:

Do you use any tobacco products? Explain _____

Do you drink alcohol? _____ Explain frequency _____

(Please continue on the back if necessary to answer any of these questions.)